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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/240,750 10/16/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/17/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 24
35 USC 119.(a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

CELLULAR KINASES INVOLVED IN CYTOMEGALOVIRUS INFECTION AND THEIR INHIBITION

FILING FEE RECEIVED 3520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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